

CALFRESH REQUEST FOR POLICY INTERPRETATION**PI# 18-47**

INSTRUCTIONS: Complete items 1 - 10 on the form. Use a separate form for each policy interpretation request. If additional space is needed, please use the second page. Retain a copy for your records and submit via email to CalFresh-PI@dss.ca.gov.

Please note: the policy interpretation provided is based on the unique set of facts presented and should not be assumed to apply in all scenarios.

1. RESPONSE NEEDED DUE TO: <input checked="" type="checkbox"/> Policy/Regulation Interpretation <input type="checkbox"/> QC <input type="checkbox"/> Other:		5. DATE OF REQUEST: 04/13/2018	NEED RESPONSE BY:
2. REQUESTOR NAME:		6. COUNTY/ORGANIZATION: Yolo County HHSA	
3. PHONE NO.:	EMAIL:	7. SUBJECT: CalFresh Applications during SAR 7 Period	
4. REGULATION CITE(S): 7 CFR 272.4(e)		8. REFERENCES: (Include ACL/ACIN, court cases, etc. in references) NOTE: All requests must have a regulation cite(s) and/or a reference(s). Administrative Notice 10-09 Regarding Handling Multiple Applications from the Same Household	
9. QUESTION: (INCLUDE SCENARIO IF NEEDED FOR CLARITY):			

If a customer submits a CF 37 during the RRR period for a new application, but does not comply with the interview requirements, what should be done with the new CF 37? Does a new 30 day period of application start from the date submitted? Or is it a denial for already being active and then a disc for no RRR?

Similar to the above, what if a customer is in the initial application period, no shows, but submits a new application prior to the 30 days to comply with the initial application. What is done with the new application? Does it restart the 30 day clock, or is it denied or canceled? If so, what would the denial reason be..

If the customer completed the application process, but did not submit verifications and reapplies for benefits between the 31-60th day, do we process the new application to prevent loss in benefits from the proration?

10. REQUESTOR'S PROPOSED ANSWER:
1. Since the customer is already active, the new application cannot be processed in the current month, therefore should be denied and the RRR process would continue.
2. Since the application has to be acted on, we would keep it and deny the first application if no response, and continue with the second application and 30 day requirement.
3. Since waiting for the verifications would cause a delay, contact should be made with the customer giving them the option to comply with the original request for verifications, or to start over with the new application. The customer should be notified that the benefits will be prorated from the date the verifications are received if they wish to proceed.

11. STATE POLICY RESPONSE (CFPB USE ONLY):
1. Based on the scenario provided above, the CWD should follow the policy provided on Administrative Notice 10-09 which states that any additional applications received after eligibility is determined, the additional applications should be denied under the provisions of 7 CFR 272.4(e) since the household is already participating in the program. However, prior to denying the application, the CWD should reviewed them to determine if the household circumstances have changed. If the household was determined ineligible, the CWD must act on any new application that the household submits after the date of the denial notice.
2. Based on the scenario provided above, the CWD should follow the policy provided on Administrative Notice 10-09 which states that any additional applications received prior to the date that the eligibility is determined, the CWD must review the information for impact on eligibility and benefit level. CWD should ensure that the case file includes documentation of the additional applications received and note the sources used to determine eligibility and or benefit levels

FOR CDSS USE

DATE RECEIVED: April 17, 2018	DATE RESPONDED TO COUNTY/ALJ: April 19, 2018 RA
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CALFRESH REQUEST FOR POLICY INTERPRETATION (Continued)**PI#18-47**

1. RESPONSE NEEDED DUE TO: <input type="checkbox"/> Policy/Regulation Interpretation <input type="checkbox"/> QC <input type="checkbox"/> Other:		5. DATE OF REQUEST:	NEED RESPONSE BY:
2. REQUESTOR NAME:		6. COUNTY/ORGANIZATION:	
3. PHONE NO.:		7. SUBJECT:	
EMAIL:		8. REFERENCES: <i>(Include ACL/ACIN, court cases, etc. in references)</i> NOTE: All requests must have a regulation cite(s) and/or a reference(s).	
4. REGULATION CITE(S):			

(continued from page 1)

2. After the review has been completed, the CWD can either append the additional applications to the initial application or deny them.

3. Based on the scenario provided above, CDSS concurs with the county's proposed response.